Independent Citizens Redistricting Commission

Application Review and Quality Control Sheet

Applicant Name: Sandra Be	rna!		
	Applicant Number:	10132	
Recommended Applicant Pool Status:	: Pool Status:		
☐ Included ☐ Removed	Included	Removed	
REQUIREMENTS:			
Was the application received before the subm	ission deadline?	✓Yes □No	
If NO, list time/date application was receive	ed:		
2. Is the application complete?		☐Yes ☐No	
If NO, list the item(s) that need to be comp	letea:		
3. Indicate how the applicant responded to the f	ollowing questions:		
A. Student enrolled in a college/university in	the City of Austin?	□Yes □No	
If YES, consider I and ii only; If NO, consider	I, ii, iii, and iv:		
i. Reside in the City of Austin?		✓ Yes □No	
ii. Registered to vote in the City of A	ustin?	√Yes □No	
iii. Continuously registered to vote in	the City of Austin?	√ Yes □ No	
iv. Voted in 3 of the last 5 City of Aus	tin general elections?	√ Yes □No	
❖ Follow-up needed related to REQUIREMENTS:	•	□Yes ☑No	
If VES identify issuels) addressed and disposition:			

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CONFLICTS OF INTEREST:

4	Application Reviewed By: Quality Control Review By: Follow-up Contact(s) Reviewed By:	Review Date: 2/25/13 OC Review Date: 2/25/15 Date:
*	Follow-up needed related to CONSISTENCY? If YES, identify issue(s) addressed and disposition:	□Yes □No
	ONSISTENCY: Are applicant answers consistent? If NO, indicate which answer(s):	∠Yes □No
*	Follow-up needed related to CONFLICTS OF INTEREST? If YES, identify issue(s) addressed and disposition:	□Yes □Mo
4.	Did the applicant respond "Yes" to any conflict of interest qualify YES, indicate which question(s):	uestions?